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ABSTRACT

This study compared attitudes of directors of nursing in Tennessee toward collective bargaining as related to their membership status in the American Nurses' Association. The following hypotheses were tested: (1) directors of nursing do not approve of collective bargaining in hospitals, (2) directors of nursing prefer to negotiate with the professional organization rather than a labor union, and (3) directors of nursing are in a state of conflict with hospital administration over membership in the professional organization. Questionnaires were sent to all directors of nursing in the state (189): a total of 129 (68.2 percent) usable replies were received, with participants expressing apprehension over participation in the study and strong desire for anonymity. After responses were tabulated and analyzed by computer, the following conclusions were drawn: (1) there is no significant difference in attitudes of directors of nursing toward collective bargaining based on membership or non-membership in the American Nurses' Association: (2) directors of nursing show a strong negative attitude toward negotiation with the professional nurses' organization, and (3) directors of nursing indicate a moderately strong agreement that conflict exists between themselves and hospital administration within the non-member group and a much weaker response within the member group. (Author, KC)

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A COMPARISON OF ATTITUDES OF DIRECTORS OF NURSING IN THE STATE OF TENNESSEE TOWARD COLLECTIVE BARGAINING

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A DISSERTATION SUBMITTED IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

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Questionnaires consisting of five demographic questions and 20 attitude statements were mailed to the total population of Directors of Nursing in the state of Tennessee (N=189). Responses were tabulated, analyzed and submitted to computer analysis. Individual items were classified and analyzed in relationship to membership status of the respondent in the American Nurses' Association.

The respondents returned 14.7 percent of the questionnaires blank or obscured the identification code. Subjects expressed apprehension over the use of the information and the appropriateness of participation in the study, both professionally and personally. Responses of members and non-members of the American Nurses' Association gave similar responses to the attitude statements, with non-members giving more strongly positive responses to collective bargaining than members. A total of 129 usable responses or 68.2 percent were received.

The conclusions were as follows: (1) there is no significant difference in attitudes of Directors of Nursing toward collective bargaining based on membership or non-membership in the American Nurses' Association; (2) Directors of Nursing show a strong negative attitude toward negotiation with the professional nurses' organization, and (3) Directors of Nursing indicated a moderately strong agreement that conflict existed between her and hospital administration within the non-member group and a much weaker response within the member group.

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PREFACE

The interest of the writer in the collective bargaining process was first sparked when she worked through a long and bitter strike at a Memphis, Tennessee, hospital in 1968 and was able to identify, even at that stage, the misuse of the process of negotiation and implementation of a labor contract. She recognized at an early stage that the registered nurses had no representation except through the union, the American Federation of State, County and Municipal Employees. When faced with mass resignations, she urged those professional nurses to seek representation through the Tennessee Nurses' Association. This finally came about, but she, as a director of nursing, did not feel any conflict in the relationship. The work situation was formalized, but the staff conducted themselves as professionals and posed no threat to her position or function.

However, nurses in management in the state of Tennessee have been faced with having to withdraw from membership in the professional organization to maintain their positions as managers since 1968, when the no-strike clause of the American Nurses' Association was revoked. The writer became curious about whether the nursing leaders actually dropped their membership to hold their jobs or only gave lip service to the demands of labor attorneys and hospital administrators. This study grew out of the experiences and observations of the past 10-12 years.

I wish to extend my appreciation for their kind assistance to my research advisor, Dr. Mary Hazzard, my reader, Dr. Audrey Burgess, and

most of all to my faculty advisor, Dr. Robert W. Pitcher, who gave freely of his time in supporting and guiding me to the selection of my research topic and the initiation of the year's work. My thanks are also extended to friends and family members who understood my need to sequester myself for the work to be done and assisted me as they were able. My thanks also go to Bonnie and Sydney for maintaining a sense of normalcy and humor in my life.

My thanks to Mary K. Givens for her capable assistance in searching the literature, to Charles Morgan for his assistance in the computer analysis of the data, and to Fred G. Christensen for his ability to decode and type my writings in a presentable form.

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CHAPTER I

INTRODUCTION

Directors of nursing nationally have been caught in a dilemma as a result of the philosophy and practice of the American Nurses' Association to serve as both a professional organization for all nurses and a collective bargaining agent for professional nurses in non-managerial positions. With the adoption of the Economic and General Welfare Program by the American Nurses' Association in 1946 and the passage of the amendment to the National Labor Relations Act in 1974, the director of nursing was effectively pushed out of her professional organization as a participant in the policy-making activities of the organization and placed in an adversary role with the nursing staff. To maintain membership in the American Nurses' Association and avail herself of the educational and professional benefits to which she is entitled placed her in an adversary role with hospital administration. The director of nursing became enmeshed in a web of conflict which has increased steadily as unions have become more active in hospitals (80:21-26).

Klassen quoted the position of the American Nurses' Association:

> The professional association looks to the director, as a nurse in a leadership position, to further the goals of the profession and to support the association's program to achieve those goals, including the economic security program (47:326).

And further,

> The person having the ultimate authority and responsibility for the nursing care offered is the director of nursing. As such, the director should have a major policy-making role in collective bargaining (47:326).

The American Nurses' Association stated in 1971 that

> To maintain arms-length bargaining between nurses and health care administrators, both sides must subscribe to the basic principles and concede the necessity of excluding nurses having managerial authority from the nurses' bargaining unit. This assures that, as required by law, the local unit will make its own decisions, free of management interference or domination (47:326).

In that same period, Zimmerman stated that the director of nursing was caught in a state of conflict which rendered her impotent in collective bargaining. It was difficult for her to remain neutral, for she identified with both management and her staff (98:312-321). Yet, in 1975, Zimmerman proposed that the power of the nursing profession did not derive from hospital administration, but from the public's view of the value of the services rendered. She advocated a definition of the collective professional role of nursing. She stated that the director of nursing could indeed belong to the American Nurses' Association without conflict of interest or domination of the local unit and suggested that any director who was told to withdraw from membership or lose her position should challenge the act as a violation of her civil rights. She urged the American Nurses' Association to protect nurses in management and to take sanctions against institutions which abused them (87:284-329).

Depres indicated in 1976 that hospital management representatives were trying to weaken the quality and strength of the professional organization through forcing the supervisors to withdraw from membership and admonishing the organization to abandon the Economic and General Welfare program of the American Nurses' Association. He indicated that there was no legal basis for their actions under the National Labor Relations Act. Supervisors could belong to the American Nurses' Association, but could not take part in the collective bargaining process or the grievance procedure.

In 1975, the National Labor Relations Board had ruled that nurses were professional and could be represented by their professional organization (24:790-793). Epstein and Stickler addressed the issue of whether the American Nurses' Association was a labor union or a professional organization and proposed its division into an educational and a union identity (27:44-47).

Background:

As unions have entered the hospital scene, professional nurses have had to seek representation, either through a labor union or through the professional nurses' organization, the American Nurses' Association. Bullough indicated that, in 1928, professional nurses were in economic trouble. Previously employed by individual clients, nurses were forced by the economic depression to seek employment in hospitals. There, a shift occurred from exploitation of student nurses to exploitation of registered nurses. By 1946, professional nurses, earning an average of $2,100 per year, were removed from the bedside and replaced by less costly licensed practical nurses and nurses' aides. State nursing associations began some activity on behalf of nurses in 1944, and in 1946, the American Nurses' Association adopted the Economic and General Welfare Program with the goals of (1) the 40-hour work week, (2) a minimum salary which was equitable, (3) increased involvement of the professional nurse in the planning of patient care, and (4) the elimination of racial barriers within the profession. The Wagner Act had been passed in 1935 and would have required management to bargain with employees; however, the Taft-Hartley Labor-Management Relations Act of 1947 made an exemption of non-profit hospital employees. In 1962, Kennedy extended the right to bargain collectively to federal employees. Nursing action became evident again in 1966, and in 1968, the American Nurses'

Association revoked the no-strike policy which had been adopted in 1950. The policy of the professional nurses' organization was becoming more militant (17:273-288).

As long as the no-strike policy of the American Nurses' Association was in effect, hospital administrators practiced benign neglect of nurses' grievances. Between 1960-1974, 103 work stoppages occurred and 60 threats of stoppages were voiced. Work stoppages peaked to 34 in 1967, and tended to decline until 1974, at which time there was a slight increase. Prior to 1967, demonstrations and mass resignations were predominant; strikes showed an increase after that time. However, few of the 600,000 employed registered nurses went on strike from 1960-1974. Twenty-seven (27) percent of the 50 states experienced work stoppages during this period (60: 41-45). In 1967, the American Nurses' Association enacted a four (4)-year program of active solicitation to organize nurses into local bargaining units. This was begun in Georgia as the first collective bargaining efforts in the South, but met with little success and was abandoned (67: 39-47, 71-75).

Nurses have been reluctant to use collective bargaining procedures because they have been socialized to believe that service to others was a stronger motivation for work than material gain. When religious orders no longer provided care for the ill, the care was relegated to lower class women as a sordid duty. Nightingale became the symbol of the ideal nurse: frail, delicate, dedicated, romantic, and humanitarian. Nursing became an occupation of sacrifice. All comforts were sacrificed for the good of the patients and the hospital. Nurses were traditionally paid low wages and expected to act as help-mates to the physician (35:29-33). Nurses traditionally had a lower-middle-class Christian background which was not char-

acterized as assertive, risk-taking, or personally autonomous. The female domination of the profession created a woman who served sacrificially, supported and protected the dominant male, and identified her success as a nurse with her success as a woman. Since nurses were broadly distributed geographically, they lacked cohesiveness and had little opportunity to air their grievances. Perhaps the ineffectiveness of their efforts coupled with the escalation of the civil rights movement led to the new militancy in the profession (60:41-45).

For many years, professional nurses have been controlled by the charge that certain actions, especially collective bargaining, were not dignified or lady-like, and nurses have been conditioned to believe that these were necessary attributes. As collective bargaining became more commonplace, the unilateral control of hospital administrators over nurses began to decline and nurses became more militant in their demands. According to Jacox, the focus of negotiations with professional nurses has been professional issues concerning patient care and practice, rather than wages, hours and fringe benefits (40:239-257). However, Mauksch stated that nurses must not only learn collective bargaining, but also collective behaviors. She emphasized that collective action could be positive and constructive. She indicated that failure to take collective action when the situation demanded it could bring much harsher criticism than would making an effort to act (55:232-238).

In the face of the preceding, the director of nursing has been placed in, at best, an ambivalent position. Her decisions have been limited to that of remaining active in the American Nurses' Association, but refraining from policy-making activities or withdrawing from the professional organization to retain her management position. This latter in effect alienated her from her colleagues and the benefits derived from membership in the professional organization.

As established, the American Nurses' Association functioned as the parent organization in a tri-level organization with counter-parts at the state and local level. The national component established and maintained standards of nursing care, provided credentialing procedures for nurses in specialty areas, provided economic and educational benefits to members, and established general policies. The Board of Directors was made responsible to the House of Delegates, who were elected by the state level of the organization. The American Nurses' Association was responsible for the overall administration of the program. The state organization was organized in the same manner. The Council on Professional Security was elected by the House of Delegates at the state level. The Executive Director served in a staff position to both the Board of Directors and the Council on Professional Security. This Council certified and provided counsel to the local collective bargaining units. The local unit was identified as a certified group of professional nurses who worked for a given employer. The local or District Nurses' Association had no direct authority relationship with the local collective bargaining unit. The source of the charge of conflict of interest of directors of nursing who belonged to the American Nurses' Association rested on the dues paid and allocated to the state nurses' association which carried primary responsibility for the collective bargaining function (Table 1). However, in 1975-76, only five percent of the total budget of the Tennessee Nurses' Association went into the Professional Security Program (89:1-11).

The membership of directors of nursing in the American Nurses' Association has continued to decline in the state of Tennessee, whereas prior to the active involvement of the organization in collective bargaining, the directors provided the leadership and served as officers in the professional organization (Table 2).

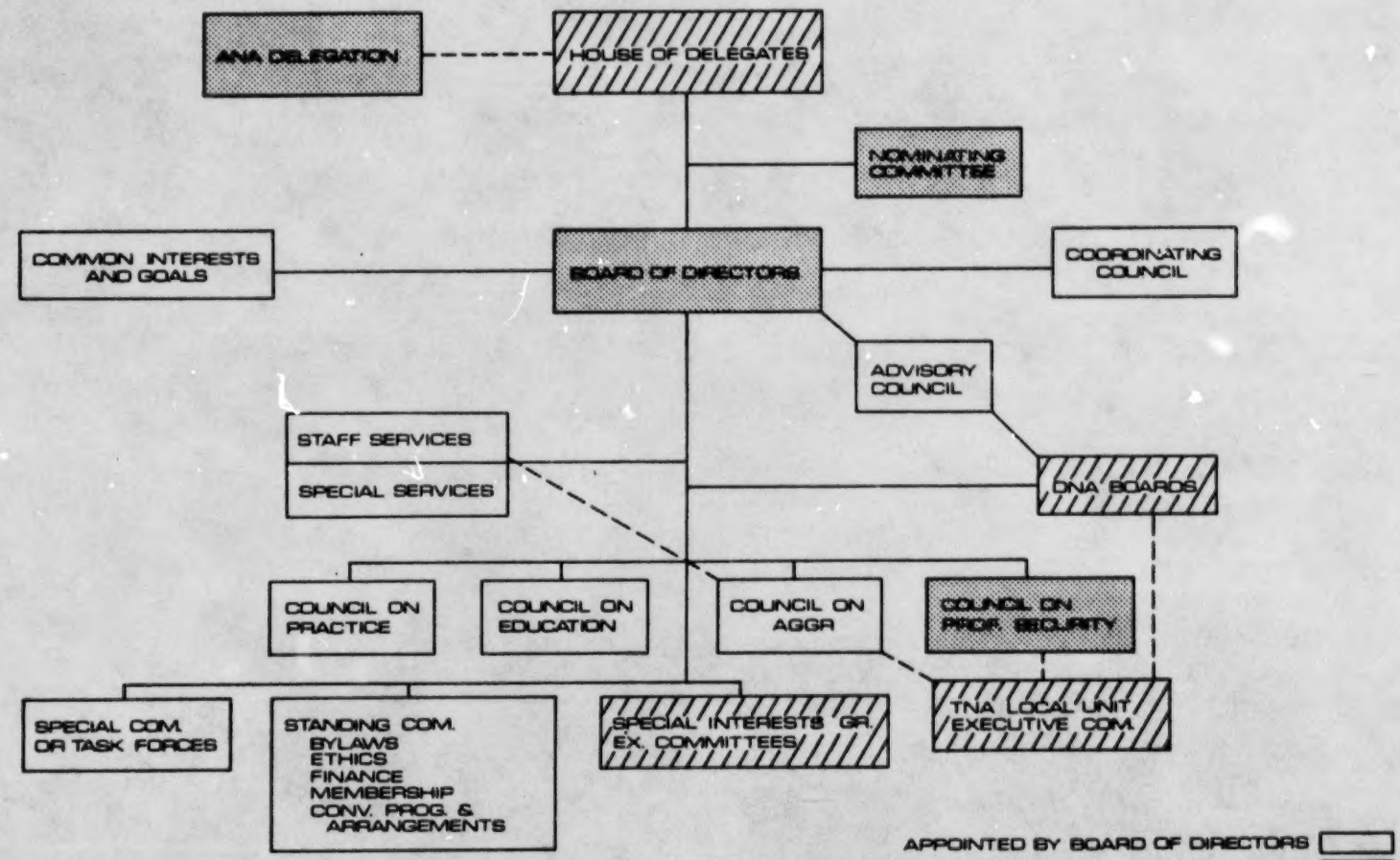

Table 1–Tennessee Nurses' Association
Organizational Structure

TABLE 2

OUT-MIGRATION FROM TENNESSEE NURSES' ASSOCIATION, 1972-79

Year	Total Members	% Change Total	Nursing Management	%	% Change
1972	3,086	base	387	13	base
1973	3,182	+ 3%	415	13	+ 7%
1974	3,256	+ 10%	373	11	- 2%
1975	3,267	+ 0.3%	316	10	- 1%
1976	3,005	- 8%	245	8	+ 2%
1977	2,635	- 12%	177	7	- 28%
1978	2,695	+ 2%	174	6	- 2%
1979	2,692	- 0.1%	155	6	- 11%

(89:1-11, 90)

After two (2) trials, the Tennessee State Association of Graduate Nurses finally were successful in 1911 in securing the passage of a nurse practice bill through the legislature. In 1915, physicians gained control of the Board of Examiners and retained it for 20 years. During those years, nurses tried many times to get the work-day reduced from 20 hours to 12 hours per day, but physicians and hospital administrators consistently opposed the effort. The Board membership was expanded in 1935 to provide less domination of nurses by other health professionals, and the eight (8) hour day became a reality in 1944. The Economic Security Program was adopted in Tennessee in 1949, but did not become active until 1957, when a committee on Economic and General Welfare was appointed. It was stipulated that assistance would be provided only if 65 percent of the employed nurses requested it and only if 51 percent of that group were members of the Tennessee Nurses' Association (89:1-11).

The Tennessee Nurses' Association assisted nursing groups throughout the state on a sporadic and limited basis. After the passage of the Taft-Hartley Amendment in 1974, the American Hospital Association sent to its constituents information on collective bargaining and labor relations which was prepared by labor attorneys and management consultants. Labor attorneys in Tennessee advised hospital administrators to ask nursing management personnel to cancel their membership in the Tennessee Nurses' Association. However, in July, 1976, the Tennessee Hospital Association eased their stand on this issue for fear of destroying morale. Labor relations literature was distributed and a public relations campaign was instituted. The result was that several nurses who were elected delgates were refused time off to attend the state convention of the Tennessee Nurses' Association (89:1-11).

In response to the revocation of the no-strike policy by the American Nurses' Association in 1968 and building pressure from hospital administrators for the directors of nursing to drop their membership in the organization, in 1972, nine (9) directors of nursing formed a steering committee and petitioned the Tennessee Hospital Association Board for acceptance as an affiliate group. Acceptance was granted and the objectives were stated: (1) to become better acquainted with peers, (2) to discuss unique problems, and (3) to promote closer working relationships between directors of nursing and hospital administrators. The Tennessee Nurses' Association challenged the motives behind the formation of this group and expressed a fear of a conflict of interest (91).

By 1975, this group had become an alternate to membership in the American Nurses' Association, after an appeal for direct membership was denied. Where directors of nursing had withdrawn from membership due to

anger and indifference since 1966, when the National Labor Relations Act became applicable to proprietary hospitals, now they were withdrawing under pressure, anxiety, aggravation, and near schizophrenia. Most had been active in the Tennessee Nurses' Association all of their professional lives, and now felt betrayed. Many wanted to continue membership in the professional organization, but were caught in a state of conflict which was intolerable. What had originally been a special interest group for directors of nursing had become their professional organization (89:1-11).

Purpose:

The purpose of this study was to compare the attitudes of directors of nursing in the state of Tennessee toward collective bargaining and to determine whether there was a relationship between those attitudes and membership in the American Nurses' Association. The hypotheses of the investigator were that (1) Directors of Nursing did not approve of collective bargaining in hospitals, (2) if given a choice, Directors of Nursing preferred to negotiate with the professional organization rather than a labor union, and (3) the Director of Nursing was placed in a state of conflict with hospital administration over membership in the American Nurses' Association. The investigator proposed that Directors of Nursing who were nonmembers would express negative attitudes toward collective bargaining.

Limitations:

The total population of directors of nursing in the state of Tennessee was included in this study to provide an adequate number of subjects (N=189). The use of the questionnaire limited the data collected to those subjects who completed and returned the questionnaire. Results were further limited to the state of Tennessee.

Definition of terms:

Attitudes: expressed opinions or reactions to value statements to which respondents are in favor of or opposed.

Collective bargaining: the process of having a third party negotiate wages, salaries, benefits, conditions of work, etc., between employer and employee.

Director of Nursing: the chief administrative officer in the nursing department of a hospital or nursing home; a colleague of the hospital administrator and the medical director, but responsible to the former for the economical management of the department and to the latter for the quality of patient care in the hospital.

Professional organization: the American Nurses' Association with its counterparts at the state and district level; the credentialing and standard-setting body of nursing.

Registered nurse: a graduate of a diploma, associate degree, or baccalaureate program in nursing who has successfully passed the State Board Test Pool Examination and is licensed to practice in at least one state.

Union: an organization which is registered with the National Labor Relations Board as eligible to represent groups of employees in negotiations with regard to wages, hours, fringe benefits and conditions of work.

Significance of the study:

Nurses have functioned as professionals while they protected their rights through collective bargaining. The focus of professional contracts has been the improvement of patient care and conditions of practice, rather than personal gain for the staff. The director of nursing has been caught in a state of conflict between professional practice and collective bargaining. It was determined by the writer that a study of the unique situation of directors of nursing in Tennessee would provide insight into the role of the director of nursing on a national level in resolving the conflict of interest charge, by the identification of the director of nurses' attitudes toward their professional organization and the collective bargaining issue. The writer assumed that directors of nursing were in a state of

conflict between their loyalty toward their professional organization and their allegiance toward hospital administration, which had opposed their professional affiliation with a collective bargaining organization, the American Nurses' Association. The writer also assumed that directors of nursing would indicate a preference for negotiating with the professional nurses' association rather than a labor union. If the assumptions were supported, it would indicate that the leaders in nursing administration did not support their professional organization.

CHAPTER II

REVIEW OF LITERATURE

A preliminary search of the literature indicated that a comparison of attitudes of directors of nursing toward collective bargaining as related to membership in the professional organization, the American Nurses' Association, had not been done. A Medlar II search provided references to periodicals which were reviewed. A review of the Annual Cumulative Index and Dissertation Abstracts International was also non-productive. The Memphis State University Brister Library Monograph, Series 6, which was a compilation of Theses and Dissertation titles from 1951-1977 was equally void of related subjects.

Only three (3) studies were found which related to nurses and attitudes toward collective bargaining. Denton in 1976 compared attitudes among 75 staff and student nurses toward unions and the professional organization as related to motivations for entering nursing. The subjects were not a random sample of the population. Both staff and student nurses were given an open-ended questionnaire and these were coded as to preference for the union or a professional model and whether the reasons for entering nursing were egoistic, altruistic, or mixed. The findings indicated that motives were related to the traditional image models: egoistic persons preferred the union model, whereas altruistic persons preferred the professional model. Findings were suggestive but not conclusive (23:178-180).

Also in 1976, Wakim did a comparison of collective bargaining agreements negotiated for registered nurses by different bargaining agents. She coded and analyzed 100 contracts, 50 of which were negotiated by the American Nurses' Association, 20 by independent unions, and 30 by a variety of national trade unions. She found no significant differences in bargaining for economic issues among the various agents, but found that the professional organization provided more professional issues than did the other agents. She found that contracts which devoted more space to economic issues did not necessarily contain more economic issues, whereas, space taken for professional issues was an indicator of numbers of professional issues covered. She also found that previous bargaining experience was not a determining factor in the inclusiveness of contracts negotiated for nurses (92:1-113).

Mauksch in 1968-69 did research on the collective response to occupational grievances of 392 professional nurses who submitted mass resignations as a protest against conditions at Cook County Hospital in Chicago in 1966. She obtained a socio-occupational profile and interviewed 25 per cent of the registered nurses (N=438) who were employed at the hospital at the time of the mass resignations. The interviews raised questions about the event itself and about the nurses' attitudes toward collective bargaining. Findings indicated that 60 percent of the respondents would not have participated at the time of graduation, but had joined their peers in collective action in response to the situation. The nurses responded with a strong "no" to the question of whether they would have participated if the action had been sponsored by a union and not the Illinois Nurses' Association. The group was motivated by professional not personal goals. They sought improved patient care which could only be attained

through improved salaries and working conditions. This socially-approved, service-centered goal allowed nurses to participate who had been reluctant to do so. The written resignations and use of positive efforts to dramatize their plight further differentiated their act from that of a blue-collar union. Forty percent of the nurses who participated showed ambivalence toward collective bargaining. Leadership emerged from middle management and facilitated the unification of the group in collective action (56:258-272).

Further literature review was limited to periodicals and historical documents. The writer reviewed in detail the following periodicals for the period of 1969-1979: The American Journal of Nursing, Journal of Nursing Administration, RN Magazine, Nursing Mirror, Nursing Outlook, Nursing Research, Hospitals, Nursing Forum and Nursing Clinics of North America.

Articles related to collective bargaining between 1968-1970 were scarce and found solely in nursing journals. Since the American Nurses' Association had rescinded the no-strike policy in 1968, these few articles dealt with the exploration of the effect of this action on nurses and their moral and professional obligations in collective bargaining issues.

In the period of 1971-1973, the number of articles increased in nursing and related literature. Non-nursing authors were beginning to speak out. Professional nurses and other health care providers were beginning to choose sides for and against collective bargaining. More literature dealt with the specifics of labor relations, contracts, grievance-handling, and negotiation. Terms such as autonomy, self-determination, militancy, control over practice, and standards of care became common terms in many articles.

The years of 1974-1976 saw more literature in response to the Taft-Hartley Amendment of 1974, which required non-profit hospitals to recognize and negotiate with collective bargaining agents. Labor attorneys became visible through the literature, as did hospital administrators. Labor laws were interpreted and the controversy over the place of the supervisor in the collective bargaining process began to gain momentum. Authors wrote not only of strikes, but of alternatives to the strike. Lengthy articles appeared in the journals on mediation, arbitration, and conciliation. Union dogma was presented and conflict and confrontation became household words. A debate raged between hospital administrators and nursing leaders over whether supervisors and directors of nursing could maintain memberships in the American Nurses' Association and remain members of management; yet in 1975, the American Nurses' Association led all unions in the number of professional employees organized. By late 1976, authors began to explore the American Nurses' Association as a dual-purpose organization: professional organization and labor union.

In 1977-1979, there was documentation of rapid growth in the unionization of professionals, but there was also evidence that some professionals were turning to labor unions. There were beginning strides in the decertification of state nurses' organizations as collective bargaining agents. Evidence began to be presented that indicated a growing sophistication among nursing leaders in the collective bargaining process. Appeals were made to nurses to seek representation through unions rather than the professional organization. The American Nurses' Association was chastised for not representing nurses, for ignoring pleas for direct membership which by-passed the collective bargaining function at the state level, for placing the jobs of nurses in management in jeopardy, and for

the 1985 proposal of the baccalaureate degree as the entry level for the practice of professional nursing. The literature indicated that the trend toward unionization had slackened and that cooperation must develop to ward off government intervention in response to unemployment. Literature indicated that some state nurses' associations had dropped their collective bargaining function entirely.

A major source of reference for the state of Tennessee and the directors of nursing has been the historical documents provided by the Chairman of the Steering Committee of the Tennessee Society of Nursing Service Directors, dating from August, 1972, to present. These documents indicated the need for the formation of such an organization and the growth during the past seven (7) years through the minutes, memoranda, undated notes and a preliminary report of a Task Force on Collective Bargaining which was appointed by the Tennessee Nurses' Association in 1976 in response to the membership.

In spite of the differing opinions stated by authors, the literature suggested that strikes began in the hospital labor force in 1964 and peaked in 1970. The literature suggested that the civil rights movement had an impact on the hospital labor force, as did changes in laws and statutes, as evidenced by the revocation of the no-strike clause by the American Nurses' Association and the 1962 Federal Order which permitted the organization of Veterans' Administration Hospital staffs for collective bargaining. The collective bargaining movement seemed to be contagious, or perhaps it was the impetus of social change. Teachers, firemen, policemen, physicians, allied health personnel, engineers, and other professionals joined the movement of organized labor. The trend lessened; however, it could be reversed if nurses were again ignored and their conditions of employment declined.

In summary, nursing was slow in accepting the collective bargaining aspect of the American Nurses' Association. Following the revocation of the no-strike policy by the American Nurses' Association in 1968, nurses began to question their moral and professional responsibilities in regard to collective bargaining issues. The literature began to indicate an effort to groom nurses to be militant, autonomous, and self-directed. Following the Taft-Hartley Amendment of 1974, labor attorneys and hospital administrators mounted an attack against nurse membership in the American Nurses' Association as a labor union. In the late 1970's, nurses seemed to be turning from the professional organizations to labor unions for representation, and the American Nurses' Association was under criticism by the membership at large, but particularly by nurses in management positions.

CHAPTER III

METHODOLOGY

The investigator utilized the survey research methodology. The subjects included the total population of nursing service directors in the state of Tennessee, as identified in the Guide Issue of Hospitals, Clark's Directory of Southern Hospitals, 1976, and the roster of directors of nursing in the state, as compiled by the Tennessee Society of Nursing Service Directors. The total number of subjects was 189. A random sample was not considered to provide an adequate number of subjects.

The investigator found no measurement tool which was appropriate to the purposes of the study. The writer designed a questionnaire which consisted of 20 statements of attitude toward collective bargaining which were developed from the investigator's past experience with unions and professional organizations and extensive readings and studies in the field of labor law, labor unions, and the professional nursing literature. These statements were measured on a five-point Likert scale ranging from strongly disagree to strongly agree. Certain demographic data were requested to provide a profile of the respondents and of any relationships to attitudes toward collective bargaining. These data consisted of age group, race, size of hospital, membership status in the American Nurses' Association, and location of hospital (Appendix 1).

The questionnaire was administered to eight (8) nursing educators as a test and a re-test. The attitude scale was presented and completed by each subject and the results were ranked. The same questionnaire was administered to the same subjects one (1) week later. The results were ranked and submitted to Spearman rho rank order correlation with a result of 0.74. This was an acceptable correlation to assure reliability of the tool. The questionnaire was submitted to a panel of three (3) experts in nursing who deemed the instrument to be valid (Appendix 2).

The items in the questionnaire were designated as pro-collective bargaining or anti-collective bargaining. The responses in each item which were pro-collective bargaining were assigned a score of one (1) for strongly disagree to five (5) for strongly agree. The scores for the responses to anti-collective bargaining statements were reversed to five (5) for strongly disagree to one (1) for strongly agree. Numerical values were assigned to the demographic data to facilitate computer analysis (Appendix 3).

A copy of the questionnaire was mailed to each of the 189 Directors of Nursing in the state of Tennessee with a cover letter attached. A second and third mailing were executed at intervals of approximately one (1) month with appropriate cover letters (Appendix 4).

As questionnaires were received from respondents, results were tabulated and submitted to computer analysis. Percentages and frequency distributions were calculated for each item and chi square analysis was attempted as appropriate. Each item of the questionnaire was studied and analyzed for significance and for relationships to other items or to the demographic data.

CHAPTER IV

RESEARCH FINDINGS

A total of 189 questionnaires were mailed to the total population of directors of nursing in the state of Tennessee. After three mailings, the total response was 155 questionnaires or 82 percent of the total returned (Table 3).

TABLE 3

RESPONSE TO ATTITUDE QUESTIONNAIRE

RESPONSE	NUMBER	PERCENT
Total return	155	82.0
No response	36	19.0
Returned blank or declined	24	12.7
Codes obscured	4	2.0
Usable responses	129	68.2

In addition to the information requested on the questionnaire, many respondents wrote in personal comments. Four questionnaires were completed, but the respondent had torn off the code or obscured it with liquid paper. One respondent wrote a letter in which she questioned the position of the writer in nursing and the purpose of the survey. She also questioned the use of the code and its meaning. One respondent chose not to participate in the study for personal and professional reasons which were not

identified, but was intrigued by the topic and area of concern under study. One respondent who had removed the code indicated that unions were not a necessary evil, and that the presence of a union decreased initiative, encouraged slow-downs, and encouraged something for nothing. She further indicated that dead-beats and those who don't wish to work frequently joined unions. One respondent returned the questionnaire with the code for "strongly disagree" circled on the instruction sheet and the questionnaire blank. Respondents returned the self-addressed envelope to the writer at their own expense. Twenty questionnaires were returned blank and eight respondents declined to participate in the study. One respondent indicated her feeling that a positive approach and earned respect assured success for a director of nursing, but she further stated that she had never been faced with severe problems or an uncaring administrator. She expressed a tremendous hesitation and wariness of unions, based on unions in non-hospital settings. One respondent wrote that she had resigned her position, but that the questionnaire had influenced her after 16-18 years in nursing. She gave no indication as to how the questionnaire influenced her.

Respondent comments indicated that employees had a right to representation, but not by a union or an outside agency; employees should deal individually with the employer; employees should utilize the internal mechanism of the hospital for change; and unions were needed in large hospitals in cities, but not in other settings. Respondents indicated they did not want to negotiate with either union or professional organization and felt that collective bargaining was not appropriate for the professional nurses' association. Three respondents indicated that they were a part of hospital administration and affiliated with the Tennessee Society of Nursing Service Directors. They felt that denial of membership in the American

Nurses' Association by hospital administrators was appropriate, since they wrote the pay checks. Other comments indicated that hospitals were not places for unions, especially for registered nurses. Respondents indicated a conflict over membership in the professional nurses' association as long as it fostered the collective bargaining function.

The demographic data were tabulated and analyzed to provide a profile of the population under study. By age group the largest number was between ages 36-50, which was appropriate to the expectation that the mature, professional, career-oriented nurse would be found in leadership positions. The older and younger age groups were very near in number (Table 4).

TABLE 4

AGE GROUP OF RESPONDENTS

AGE GROUP	NUMBER	PERCENT
20-35	31	24.0
36-50	61	47.3
51-over	36	27.9
No response	1	0.8
Total	129	100.0

The race of respondents was not significant, with only two black respondents. Seven individuals chose not to indicate race (Table 5).

TABLE 5

RACE OF RESPONDENTS

RACE	NUMBER	PERCENT
Black	2	1.6
White	120	93.0
Other	0	0.0
No response	7	5.4
Total	129	100.0

Of perhaps more significance was the fact that 53.5 percent of the hospitals represented were less than 100 beds, which might have a significant impact on attitudes toward collective bargaining (Table 6).

TABLE 6

HOSPITAL SIZE WHERE RESPONDENTS EMPLOYED

HOSPITAL SIZE	NUMBER	PERCENT
0-100 beds	69	53.5
100-250 beds	29	22.4
251-500 beds	12	9.3
500-over	18	14.0
No response	1	0.8
Total	129	100.0

The data on membership status of the population in the American Nurses' Association revealed that only 28.7 percent of the respondents were members, whereas 64.3 percent were not members (Table 7).

TABLE 7

MEMBERSHIP STATUS IN AMERICAN NURSES' ASSOCIATION

Status	Number	Percent
Member	37	28.7
Non-member	83	64.3
No response	9	7.0
Total	129	100.0

There were slightly more respondents from rural hospitals (51.9 percent) than from urban hospitals (44.2 percent), with 3.9 percent not responding (Table 8).

TABLE 8

LOCATION OF HOSPITALS

Location	Number	Percent
Rural	67	51.9
Urban	57	44.2
No response	5	3.9
Total	129	100.0

These data provided a profile of the respondents as predominantly of the white race, between 36-50 years of age, from rural hospitals of 0-100 beds, non-members of the American Nurses' Association and holding the top nursing management position in their respective hospitals.

The responses to the attitudinal statements were subjected to computer analysis. However, the groups were too small for chi square analysis. Each item in the questionnaire was analyzed in relationship to membership status of the respondent in the American Nurses' Association. The items were organized around the hypotheses to be examined: (1) Directors of Nursing do not approve of collective bargaining in hospitals, (2) Directors of Nursing will show a preference to negotiate with the professional organization rather than a labor union, and (3) Directors of Nursing are in a state of conflict with hospital administration over membership in the American Nurses' Association.

The writer determined that items one through nine were directly related to the first research question. Data showed that 56.8 percent of members of the American Nurses' Association disagreed that hospitals were no place for a union, while 75 percent of non-members shared that attitude (Table 9).

TABLE 9

STATEMENT 1

HOSPITALS ARE NO PLACE FOR A UNION

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	21	56.8	62	75.0	83	69.0
Undecided	2	5.4	9	11.0	11	9.0
Agree	14	37.8	12	14.0	26	22.0
Total	37	100.0	83	100.0	120	100.0

In statement two, respondents agreed that employees had a right to representation with 81.1 percent of members in the American Nurses' Association and 95 percent of non-members responding in that manner (Table 10).

TABLE 10

STATEMENT 2

EACH EMPLOYEE HAS A RIGHT TO REPRESENTATION

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	5	13.5	11	13.3	16	13.3
Undecided	2	5.4	7	8.4	9	7.5
Agree	30	81.1	65	78.3	95	79.2
Total	37	100.0	83	100.0	120	100.0

Item three showed consistency in responses by both members and non-members of the American Nurses' Association (Table 11). Both members and non-members of the professional organization disagreed that unions improved the efficiency of a hospital by 75.7 percent and 83 percent respectively. In like manner, agreement was similar at 2.7 percent and 6 percent.

TABLE 11

STATEMENT 3

UNIONS IMPROVE THE EFFICIENCY OF A HOSPITAL

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	28	75.7	69	83.0	97	80.8
Undecided	8	21.6	9	11.0	17	14.1
Agree	1	2.7	5	6.0	6	5.0
Total	37	100.0	83	100.0	120	100.0

However, in item 4, a shift occurred in both members and non-members of the professional nurses' association, with both showing disagreement with the statement that a work slow-down or strike was never justified (Table 12).

TABLE 12

STATEMENT 4

A WORK SLOW-DOWN OR STRIKE IS NEVER JUSTIFIED

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	23	62.2	60	72.3	83	69.0
Undecided	2	5.4	9	10.8	11	9.0
Agree	12	32.4	14	16.9	26	22.0
Total	37	100.0	83	100.0	120	100.0

In item 5, which dealt with the firing of strikers when they walk out, non-members of the American Nurses' Association disagreed with the statement by 59 percent, whereas, members disagreed by only 32.4 percent. Members agreed with the statement by 37.8 percent (Table 13).

TABLE 13

STATEMENT 5

STRIKERS SHOULD BE FIRED WHEN THEY WALK OUT

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	12	32.4	49	59.0	61	50.8
Undecided	11	29.7	14	17.0	25	20.8
Agree	14	37.8	20	24.0	34	28.3
Total	37	99.9	83	100.0	120	99.9

Members of the professional organization were almost evenly divided between agree, disagree and undecided over the issue that it was demeaning to have to negotiate terms of employment with a union representative. However, non-members disagreed by 49 percent and agreed by 42 percent (Table 14).

TABLE 14

STATEMENT 6

IT IS DEMEANING TO HAVE TO NEGOTIATE TERMS OF EMPLOYMENT WITH A UNION REPRESENTATIVE

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	11	30.0	41	49.4	52	43.3
Undecided	14	38.0	7	8.4	21	17.5
Agree	12	32.0	35	42.2	47	39.1
Total	37	100.0	83	100.0	120	99.9

In item 7, members of the American Nurses' Association disagreed by 14 percent that union activity should not affect patient care, whereas non-members disagreed by 7 percent. The other responses were consistent at 83 percent of members in agreement and 90 percent of non-members in agreement (Table 15).

TABLE 15

STATEMENT 7

UNION ACTIVITY SHOULD NOT AFFECT PATIENT CARE DELIVERY

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	5	14.0	6	7.2	11	9.0
Undecided	1	3.0	2	2.4	3	2.5
Agree	31	83.0	75	90.4	106	88.3
Total	37	100.0	83	100.0	120	99.8

In item 8, non-members of the American Nurses' Association disagreed by 63 percent that the presence of a union bred distrust, whereas members of the organization disagreed by 46 percent. Agreement with the statement was noted to be at 32 percent for members and 25 percent for non-members (Table 16).

TABLE 16

STATEMENT 8

THE PRESENCE OF A UNION BREEDS SUSPICION AND DISTRUST

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	17	46.0	52	63.0	69	57.5
Undecided	8	22.0	10	12.0	18	15.0
Agree	12	32.0	21	25.0	33	27.5
Total	37	100.0	83	100.0	120	100.0

A surprising result was obtained in item 9, where 62 percent of members and 58 percent of non-members of the American Nurses' Association indicated agreement with the statement that patients should understand that the presence of a union would result in declining of nursing care. Only 19 percent of members and 28 percent of non-members disagreed with the statement (Table 17).

TABLE 17

STATEMENT 9

PATIENTS SHOULD TRY TO UNDERSTAND THAT WHEN A UNION IS PRESENT, NURSING CARE WILL DECLINE

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	7	19.0	23	28.0	30	25.0
Undecided	7	19.0	12	14.0	14	19.0
Agree	23	62.0	48	58.0	71	59.1
Total	37	100.0	83	100.0	120	99.9

In summary, the data indicated that Directors of Nursing in the state of Tennessee were not significantly different in their attitudes toward collective bargaining as related to their membership status in the American Nurses' Association. Directors indicated with equal strength that they felt that employees had the right to representation. However, directors who were non-members of the professional organization disagreed most strongly that hospitals were no place for a union. This showed a more positive attitude toward unions in hospitals among non-members than members of the professional organization.

Whereas, directors did not agree that unions improved the efficiency of a hospital, both members and non-members of the American Nurses' Association indicated a positive attitude toward work slow-downs or strikes, though members showed a weaker response. Non-members of the professional organization disagreed with the firing of strikers with twice the strength of the members, who were equally divided between agreement, disagreement, and undecided.

Members of the professional organization were almost equally divided in their responses to the statement regarding negotiation of terms of employment with a union representative, but non-members showed little indecision and were equally divided between disagreement and agreement with the statement. Again, the responses indicated a more positive attitude toward unions in hospitals by non-members of the American Nurses' Association. Both members and non-members agreed strongly that patient care should not be affected by union activity, but also agreed strongly that patients should try to understand that nursing care declined when a union was present. This appeared to be an inconsistency in responses, but again showed positive attitudes toward unions by both members and non-members. The data did not indicate the reason for this inconsistency.

Both groups showed a moderately positive attitude toward unions by disagreement with the statement that unions breed distrust and suspicion.

The data indicated that Directors of Nursing in the state of Tennessee had a more positive than negative attitude toward unions in hospitals. Non-members of the American Nurses' Association showed a more strongly positive attitude than did members to statements one through nine. The first hypothesis that Directors of Nursing did not approve of collective bargaining was not supported.

The comments of the respondents to these statements indicated that the responses related to organized labor unions and not to the professional organization as a collective bargaining entity. Responses indicated that the Directors of Nursing approved of unions, but not for nurses. This harked back to the theory that nurses must be lady-like, dignified, and opposed to the collective bargaining process. The fact that the respondents were from predominantly rural hospitals of less than 100 beds may have influenced the responses, since organization of employees in either unions or the professional organization has occurred in large urban medical centers. Another factor may have been that the study was confined to the state of Tennessee. Unionization has been slow in the Southern agrarian society, although it has been more frequent in blue collar workers than in hospitals. However, many Directors of Nursing have married men who were active in labor unions, which has provided an aura of respectability to labor unions in general.

The second hypothesis proposed that the Director of Nursing, if given a choice, preferred to negotiate with the professional nurses' organization rather than a union. The third hypothesis postulated that the Director of Nursing found herself in a state of conflict with hospital administration

over membership in the professional organization. The writer determined that statements 10 through 20 dealt with both issues. Both members and non-members disagreed with the statement that nurses had no representation when non-professional staff organized in a hospital, through 27 and 29 percent respectively agreed with the statement (Table 18).

TABLE 18

STATEMENT 10

WHEN NON-PROFESSIONAL NURSING PERSONNEL ORGANIZE IN A UNION, PROFESSIONAL NURSES HAVE NO REPRESENTATION

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	23	62.0	45	54.0	68	56.6
Undecided	4	11.0	14	17.0	18	15.0
Agree	10	27.0	24	29.0	34	28.3
Total	37	100.0	83	100.0	120	99.9

In item 11, members of the professional organization agreed by 76 percent that nurses organized through that organization to protect their rights and conditions of employment, while 19 percent disagreed. Agreement was less strong among non-members at 51 percent, while 31 percent disagreed, which gave a stronger negative attitude and a weaker positive attitude toward such organization (Table 19).

TABLE 19

STATEMENT 11

PROFESSIONAL NURSES ORGANIZE THROUGH THE STATE NURSES' ASSOCIATION TO PROTECT THEIR RIGHTS AND CONDITIONS OF EMPLOYMENT

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	7	19.0	26	31.0	33	27.5
Undecided	2	5.0	15	18.0	17	14.1
Agree	28	76.0	42	51.0	70	58.3
Total	37	100.0	83	100.0	120	99.9

In item 12, members of the American Nurses' Association disagreed by 86 percent with the stated preference for negotiating with the professional nurses' organization and agreed by only three percent, while non-members disagreed by 69 percent and agreed only by 13 percent. Both groups expressed a strong negative attitude toward negotiations with the professional nurses' organization (Table 20).

TABLE 20

STATEMENT 12

I WOULD PREFER TO NEGOTIATE WITH THE PROFESSIONAL NURSES' ORGANIZATION RATHER THAN THE UNION

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	32	86.0	57	69.0	89	74.0
Undecided	4	11.0	15	18.0	19	16.0
Agree	1	3.0	11	13.0	12	10.0
Total	37	100.0	83	100.0	120	100.0

In response to the statement concerning conflict of the nurse manager with hospital administration over membership in the professional organization, members disagreed by 54 percent while non-members disagreed by only 34 percent. Thirty-eight percent of members agreed with the statement, as opposed to 47 percent of non-members. A total of 44 percent of nurse managers did feel conflict over membership in the professional organization (Table 21).

TABLE 21

STATEMENT 13

AS A NURSE MANAGER, MEMBERSHIP IN MY PROFESSIONAL ORGANIZATION PLACES ME IN CONFLICT WITH HOSPITAL ADMINISTRATION

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	20	54.0	28	34.0	48	40.0
Undecided	3	8.0	16	19.0	19	16.0
Agree	14	38.0	39	47.0	53	44.0
Total	37	100.0	83	100.0	120	100.0

Forty-nine percent of members disagreed that the professional nurses' organization could not also function as a collective bargaining agent for members, while 57 percent of non-members also disagreed. Only 35 and 29 percent, respectively, agreed. This was a moderately strong positive response toward the collective bargaining function of the professional organization (Table 22).

TABLE 22

STATEMENT 14

AN ORGANIZATION CAN NOT BE BOTH A PROFESSIONAL ORGANIZATION AND A COLLECTIVE BARGAINING AGENT FOR MEMBERS

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	18	49.0	47	57.0	65	54.0
Undecided	6	16.0	12	14.0	18	15.0
Agree	13	35.0	24	29.0	37	31.0
Total	37	100.0	83	100.0	120	100.0

Members of the American Nurses' Association agreed by 75 percent that failure to retain membership resulted in loss of benefits and privileges, while 43 percent of non-members agreed. Twenty-two percent of members and 37 percent of non-members disagreed with the statement. Nineteen percent of non-members were undecided. This indicated a greater degree of conflict than found among members, where only three percent were undecided and the responses were more clearly in agreement (Table 23).

TABLE 23

STATEMENT 15

IF I CANNOT BELONG TO THE PROFESSIONAL ORGANIZATION, I LOSE ACCESS TO THE BENEFITS AND PRIVILEGES TO WHICH I AM ENTITLED

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	8	22.0	31	37.4	39	32.5
Undecided	1	3.0	16	19.3	17	14.1
Agree	28	75.0	36	43.3	64	53.3
Total	37	100.0	83	100.0	120	99.9

Ninety-seven percent of members of the American Nurses' Association agreed that hospital administration had no right to deny the Director of Nursing membership in the professional organization, while three percent were undecided. Somewhat surprising was the response on non-members with 70 percent in agreement and only 20 percent in disagreement. This again indicated conflict of the director over membership in the professional organization (Table 24).

TABLE 24

STATEMENT 16

HOSPITAL ADMINISTRATION HAS NO RIGHT TO DENY ME MEMBERSHIP IN THE PROFESSIONAL, STANDARD-SETTING, CREDENTIALING BODY OF NURSING

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	0	0.0	17	20.0	17	14.0
Undecided	1	3.0	8	10.0	9	8.0
Agree	36	97.0	58	70.0	94	78.0
Total	37	100.0	83	100.0	120	100.0

Members and non-members were congruent in their responses to the statement that collective bargaining should have been separate and apart from the professional organization. Seventy percent of members and 65 percent of non-members disagreed with the statement, while eight and six percent, respectively, agreed (Table 25).

TABLE 25

STATEMENT 17

THE ECONOMIC AND GENERAL WELFARE SECTION OF THE PROFESSIONAL ORGANIZATION SHOULD BE A SEPARATE, DUES-PAYING SECTION

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	26	70.0	54	65.0	80	66.6
Undecided	8	22.0	24	29.0	32	26.6
Agree	3	8.0	5	6.0	8	6.6
Total	37	100.0	83	100.0	120	99.8

In item 18, members disagreed by 51 percent that membership in the American Nurses' Association should be direct in order to by-pass the collective bargaining function performed at the state level, while 27 percent agreed and 22 percent were undecided. Among the non-members, only 10 percent agreed, while 41 percent disagreed and 49 percent were undecided. This gave a rather negative attitude response to an alternate solution to the dilemma of nurses' membership in the professional organization (Table 26).

TABLE 26

STATEMENT 18

MEMBERSHIP IN THE NATIONAL NURSING ORGANIZATION SHOULD BE DIRECT AND THROUGH THE DISTRICT, SINCE THE STATE SERVES AS THE COLLECTIVE BARGAINING AGENT

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	19	51.0	34	41.0	53	44.0
Undecided	8	22.0	41	49.0	49	41.0
Agree	10	27.0	8	10.0	18	15.0
Total	37	100.0	83	100.0	120	100.0

Ninety-two percent of members and 71 percent of non-members of the American Nurses' Association agreed that nurse managers could work effectively and participate in the professional organization while eight and 23 percent, respectively, disagreed. Both groups exhibited positive attitudes to the professional association (Table 27).

TABLE 27

STATEMENT 19

A NURSE MANAGER CAN WORK EFFECTIVELY IN HER ROLE AND PARTICIPATE IN THE EDUCATIONAL PROGRAMS OF THE PROFESSIONAL NURSING ORGANIZATION WITHOUT CONFLICT

Response	Member ANA		Non-member ANA		Total	
	Number	Percent	Number	Percent	Number	Percent
Disagree	3	8.0	19	23.0	22	18.0
Undecided	0	0.0	5	6.0	5	4.0
Agree	34	92.0	59	71.0	93	78.0
Total	37	100.0	83	100.0	120	100.0

Members of the professional organization agreed by 46 percent that no nurse manager should support an organization which could face her across the bargaining table, while 35 percent disagreed and 19 percent were undecided. Non-members reversed this response and disagreed by 62 percent and were undecided or agreed by 19 percent each. Members showed a rather strong negative attitude toward negotiation with the professional organization while non-members exhibited an even stronger positive attitude (Table 28).

TABLE 28

STATEMENT 20

NO NURSE MANAGER SHOULD PROVIDE SUPPORT TO AN ORGANIZATION WHICH COULD FACE HER ACROSS THE BARGAINING TABLE

Response	Member ANA Number	Member ANA Percent	Non-Member ANA Number	Non-Member ANA Percent	Total Number	Total Percent
Disagree	13	35.0	51	62.0	64	53.0
Undecided	7	19.0	16	19.0	23	19.0
Agree	17	46.0	16	19.0	33	28.0
Total	37	100.0	83	100.0	120	100.0

The second hypothesis, that Directors of Nursing, if given a choice, would prefer to negotiate with the professional organization rather than a union, was not supported. There was little difference in attitudes of members or non-members of the American Nurses' Association. Both seemed to want the organization to function as a professional organization without a collective bargaining function.

The third hypothesis, that membership in the professional organization placed the Director of Nursing in a state of conflict with hospital administration, was supported in part. Directors of Nursing indicated that the statement was factual, but in response to other statements indicated that hospital administration had no right to deny membership in the professional organization to Directors of Nursing.

The data indicated that Directors of Nursing prefer to negotiate with a labor union rather than the professional nurses' organization, which was inferred to indicate an aversion to the collective bargaining aspect of the

organization. The directors agreed with the right of the nurse to organize, but disagreed with the privilege of negotiation. Non-members of the professional organization indicated a conflict with hospital administration over membership in the professional organization where members felt no such conflict. Directors of Nursing were in agreement that the professional organization could also be the collective bargaining agent for nurses. The respondents indicated no particular loss from non-membership status in the professional organization, but stated that hospital administration had no right to deny them membership in the professional organization. The directors did not feel that collective bargaining should be a separate function of the organization or that membership in the organization should by-pass the collective bargaining function. Both members and non-members agreed that they could function effectively and still participate in the professional organization. Members opposed the nurse manager providing support to a group which she could face across the bargaining table while non-members disagreed strongly.

The data indicated that Directors of Nursing in Tennessee exhibited ambivalence toward collective bargaining as a function of the professional organization. The nurses seemed to be torn between support of the organization and distaste for the organization as a collective bargaining agent. As traditional leaders in the American Nurses' Association, Directors of Nursing expressed confusion and dismay that this same organization had become the opposition.

In like manner, Directors of Nursing were concerned that hospital administrators, their employers, were denying them membership in the professional organization. Their loyalty to management appeared to be in conflict with

their loyalty to their professional responsibilities. The literature supported the premise that hospital administration, in conjunction with labor attorneys, proscribed membership in the professional organization for nurses in management. This study indicated the conflict which this imposed on these nurse leaders.

The major findings of the study included (1) the reluctance of respondents to complete the questionnaire and/or be identified as evidenced by the 14.7 percent who returned the instrument blank, declined to answer, but returned the questionnaire and/or wrote comments, or obscured the code to avoid identification after responding to the statements; (2) the similarity of responses of both members and non-members of the American Nurses' Association; (3) the favorable responses to strong union statements, and (4) the favorable response to statements regarding the professional organization by nurse managers who were not members.

Another finding was the low percent of Directors of Nursing who were members of their professional organization. It was evident to the writer that the nurses in leadership positions in hospitals in the state of Tennessee had removed themselves from the membership rolls of the American Nurses' Association by at least 64 percent. Individual comments indicated that Directors of Nursing supported the Tennessee Society of Nursing Service Directors, an affiliate of the Tennessee Hospital Association, as their professional association. These comments also indicated that the primary reason for withdrawing from membership in the professional organization was the stand of that organization on collective bargaining.

There seemed to be some inconsistency in the responses of Directors of Nursing who were not members of the American Nurses' Association. These nurses indicated a favorable reaction to the professional organization and

an unfavorable response toward denial of the right to belong to that organization by hospital administration. These data were the responses of the professional nurses. The nurse as a manager indicated approval of the collective bargaining process, but also indicated disapproval of same process by the professional nurses' organization. The writer interpreted this as role conflict within nursing: the professional role versus the management role. The large number of non-members in the professional organization indicated that the nurses had adhered more strongly to the management role than the professional.

CHAPTER V

SUMMARY AND CONCLUSIONS

The investigator undertook this study with the hypotheses that (1) Directors of Nursing did not approve of collective bargaining in hospitals, (2) if given a choice, Directors of Nursing preferred to negotiate with the professional organization rather than a labor union, and (3) the Director of Nursing was placed in a state of conflict with hospital administration over her membership in the American Nurses' Association.

A questionnaire was designed and mailed to the total population of Directors of Nursing in the state of Tennessee. Certain demographic data were requested of each respondent to provide a profile. Twenty statements of attitude were presented for responses on a scale from strongly disagree to strongly agree. Responses were classified, tabulated, and submitted to computer analysis. Chi square analysis was not meaningful because of group size.

The investigator performed individual item analysis as related to membership status of the respondents in the American Nurses' Association.

The data showed a population of Directors of Nursing in the state of Tennessee, the majority of whom were in the age group of 36 to 50, were of the white race, were from hospitals of 0 to 100 beds in rural settings, and were not members of the American Nurses' Association. The number of questionnaires which were returned blank, were completed with the code

obscured, or carried individual comments of the respondents indicated an apprehension and distrust of the purpose stated for the study. Individual comments indicated an allegiance to the Tennessee Society of Nursing Service Directors as the professional organization for nurse managers.

The data indicated that (1) Directors of Nursing responded positively to collective bargaining regardless of membership in the professional organization, (2) Directors of Nursing showed a strong negative attitude toward bargaining with the professional organization, without regard to membership status in the American Nurses' Association, and (3) Directors indicated moderate conflict with hospital administration over membership in the professional organization. However, subjects indicated by their responses that hospital administration had no right to deny them membership in the professional organization. Data indicated that the subjects defended their right to membership, but chose not to participate in the American Nurses' Association.

The implications of the findings of this study seem clear. Since 65 percent of the nursing leaders in the state of Tennessee who participated in this study do not belong to the American Nurses' Association, this study should be refined and expanded to other states and the nation. The implication seems to be that the American Nurses' Association must alter its image as a labor union and pursue the professional, policy-making, credentialing body of nursing. Nursing leaders must have access to the professional aspects of membership without feeling that they have been disloyal to their employers.

The American Nurses' Association continues to present itself as a multi-purpose organization which represents all professional nurses and has encouraged nursing managers to initiate legal action against employers

who attempt to force their withdrawal of membership. The American Nurses' Association must explore means of retaining the membership of nurse managers rather than alienating them. Some mechanisms for accomplishing this could be through direct membership at the national level which by-passes the collective bargaining functions at the state level; the Economic and General Welfare Commission could be established as a separate, dues-paying arm of the organization; or the professional aspects of the organization could be transferred to another body while the American Nurses' Association maintained the economic and political functions. The organization cannot hope to continue to thrive without the nursing leaders of the nation who have been the driving force through the years.

Nursing leaders must be able to determine their needs and act upon them without intimidation by hospital administration or labor attorneys. The role of the nurse manager must be legally and professionally defined, so that nurses in top management can function both as managers and nurses. The role of conflict in which the Director of Nursing is caught must be resolved. As a nurse, she has the right to belong to her professional organization; as a manager, she must exert that right, in spite of difficult aspects of membership.

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APPENDIX 1

QUESTIONNAIRE

ATTITUDES TOWARD COLLECTIVE BARGAINING

Age: _____ 20-35 _____ 36-50 _____ 51-over

Race: _____ B _____ W _____ Other

Size of Hospital _____ 0-100 _____ 100-250 _____ 251-500 _____ 500-over

Member of American Nurses' Association: _____ Yes _____ No

Hospital _____ Rural _____ Urban

****

1. Hospitals are no place for a union.

SD——————D——————U——————A——————SA

2. Each employee has a right to representation.

SD——————D——————U——————A——————SA

3. Unions improve the efficiency of a hospital.

SD——————D——————U——————A——————SA

4. A work slow-down or strike is never justified.

SD——————D——————U——————A——————SA

5. Strikers should be fired when they walk out.

SD——————D——————U——————A——————SA

6. It is demeaning to have to negotiate terms of employment with a union representative.

SD——————D——————U——————A——————SA

7. Union activity should not affect patient care delivery.

SD——————D——————U——————A——————SA

8. The presence of a union breeds suspicion and distrust.

SD——————D——————U——————A——————SA

9. Patients should try to understand that when a union is present, nursing care will decline.

SD———D———U———A———SA

10. When non-professional nursing personnel organize in a union, professional nurses have no representation.

SD———D———U———A———SA

11. Professional nurses organize through the state nurses' association to protect their rights and conditions of employment.

SD———D———U———A———SA

12. I would prefer to negotiate with the professional nurses' organization rather than the union.

SD———D———U———A———SA

13. As a nurse manager, membership in my professional organization places me in conflict with hospital administration.

SD———D———U———A———SA

14. An organization can not be both a professional organization and a collective bargaining agent for members.

SD———D———U———A———SA

15. If I cannot belong to the professional organization, I lose access to the benefits and privileges to which I am entitled.

SD———D———U———A———SA

16. Hospital administration has no right to deny me membership in the professional, standard-setting, credentialing body of nursing.

SD———D———U———A———SA

17. The Economic and General Welfare section of the professional organization should be a separate, dues-paying section.

SD———D———U———A———SA

18. Membership in the national nursing organization should be direct and through the district, since the state serves as the collective bargaining agent.

SD———————D———————U———————A———————SA

19. A nurse manager can work effectively in her role and participate in the educational programs of the professional nursing organization without conflict.

SD———————D———————U———————A———————SA

20. No nurse manager should provide support to an organization which could face her across the bargaining table.

SD———————D———————U———————A———————SA

APPENDIX 2

RELIABILITY TESTING QUESTIONNAIRE

SPEARMAN RHO RANK CORRELATION

	Pretest		Posttest			
Subject	Score	Rank	Score	Rank	d	d^2
A	65	4.0	64	7.5	-3.5	12.25
B	63	5.0	66	5.5	-0.5	.25
C	62	6.0	66	5.5	0.5	.25
D	68	1.5	69	4.0	-2.5	6.25
E	68	1.5	70	3.0	1.5	2.25
F	59	8.0	64	7.5	0.5	.25
G	60	7.0	73	1.0	.6	.36
H	71	1.0	71	2.0	-1.0	1.00
						22.86

$$\text{rho} = 1 - \frac{6\Sigma d^2}{N(N^2 - 1)}$$

$$= 1 - \frac{6(22.86)}{8(8^2 - 1)}$$

$$= 1 - \frac{137.16}{504}$$

$$= 1 - .26$$

$$\text{rho} = .74$$

APPENDIX 3

KEY TO SCORING

ATTITUDES TOWARD COLLECTIVE BARGAINING

KEY

Age: 1 20-35
2 36-50
3 51-over

Race: 1 B
2 W
3 Other

Size of Hospital
1 0-100
2 100-250
3 251-500
4 500-Over

Member of American Nurses' Association: 1 Yes
2 No

Hospital: 1 Rural
2 Urban

****

1. Hospitals are no place for a union.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

2. Each employee has a right to representation.

	1	2	3	4	5
Pro-	SD	D	U	A	SA

3. Unions improve the efficiency of a hospital.

	1	2	3	4	5
Pro-	SD	D	U	A	SA

4. A work slow-down or strike is never justified.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

5. Strikers should be fired when they walk out.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

6. It is demeaning to have to negotiate terms of employment with a union representative.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

7. Union activity should not affect patient care delivery.

	1	2	3	4	5
Pro-	SD	D	U	A	SA

8. The presence of a union breeds suspicion and distrust.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

9. Patients should try to understand that when a union is present, nursing care will decline.

	5	4	3	2	1
Anti -	SD	D	U	A	SA

10. When non-professional nursing personnel organize in a union, professional nurses have no representation.

	1	2	3	4	5
Pro-	SD	D	U	A	SA

11. Professional nurses organize through the state nurses' association to protect their rights and conditions of employment.

	1	2	3	4	5
Pro-	SD	D	U	A	SA

12. I would prefer to negotiate with the professional nurses' organization rather than the union.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

13. As a nurse manager, membership in my professional organization places me in conflict with hospital administration.

	1	2	3	4	5
Pro-	SD	D	U	A	SA

14. An organization can not be both a professional organization and a collective bargaining agent for members.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

15. If I cannot belong to the professional organization, I lose access to the benefits and privileges to which I am entitled.

	1	2	3	4	5
Pro-	SD	D	U	A	SA

16. Hospital administration has no right to deny me membership in the professional, standard-setting, credentialing body of nursing.

	1	2	3	4	5
Pro-	SD	D	U	A	SA

17. The Economic and General Welfare section of the professional organization should be a separate, dues-paying section.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

18. Membership in the national nursing organization should be direct and through the district, since the state serves as the collective bargaining agent.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

19. A nurse manager can work effectively in her role and participate in the educational programs of the professional nursing organization without conflict.

	1	2	3	4	5
Pro-	SD	D	U	A	SA

20. No nurse manager should provide support to an organization which could face her across the bargaining table.

	5	4	3	2	1
Anti-	SD	D	U	A	SA

APPENDIX 4

COVER LETTERS

LETTER #1

September 15, 1979

Dear Colleague,

As part of my doctoral research at Walden University, I am surveying the attitudes of Directors of Nursing in the state of Tennessee toward collective bargaining in hospitals. The data which I collect will be kept confidential and will be used only for group analyses. Please respond to the items in the attached questionnaire by circling one of the attitudes on the following scale. Please avoid the use of the "Undecided" category whenever possible.

SD-----strongly disagree
D------disagree
U------undecided
A-----agree
SA-----strongly agree

Thank you very much for your cooperation.

Sincerely,

Margaret S. Jenkins

Margaret S. Jenkins, RN

LETTER #2

October 5, 1979

Dear Colleague,

I know that you are busy and probably dislike the chore of completing questionnaires. However, it is vital to my study of attitudes toward collective bargaining that I have as broad a representation of directors of nursing as possible.

If you have not returned your copy or have misplaced it, would you take a few minutes to complete the questionnaire enclosed and mail it in the self-addressed envelope?

Thank you.

Very truly yours,

Margaret S. Jenkins

Margaret S. Jenkins, RN

LETTER #3

November 4, 1979

Dear Colleague,

Just once more I would like to ask your participation in my research questionnaire regarding attitudes toward collective bargaining among Directors of Nursing in the state of Tennessee. As you may recall, I am enrolled in the doctoral program at Walden University.

If you have strong objections to completing the questionnaire, please return it blank in the enclosed envelope, so that I may know that it was received. The code: SA--strongly agree, A--agree, U--undecided, D--disagree, SD--strongly disagree.

Thank you very much.

Sincerely,

Margaret S. Jenkins

Margaret S. Jenkins, RN